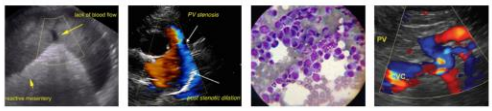
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Agatha Shaffer

SPECIES
Feline

BREED
Ragdoll

SEX
Female Spayed

AGE
1.7 years

WEIGHT
11lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Rhode Island Animal Medical Center

REFERRING VET
Dr. Hart

INVOICE
25504

DATE
7/22/22

PRESENTING CLINICAL SIGNS

History: Grade I/VI heart murmur; no clinical signs. BP: 140, 144mmHg.
*Sedated with butorphanol/midazolam then maintained on isoflurane.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. The endocardium is largely normal with mild remodeling. The papillary muscles are mildly remodeled and hyperechoic.
Left atrium: The left atrium is mildly increased in size. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.
Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: The right atrium is normal in dimension.
Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.
Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 166bpm.

2-Dimensional Measurements

Ao diam (cm)	0.85
LA diam (cm)	1.36
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.3
LVID diastole (cm)	1.58
PW thickness (cm)	0.36
LVID systole (cm)	0.72
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

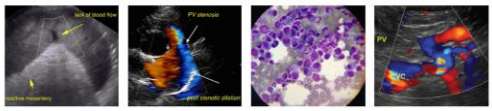
INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. No significant LV hypertrophy is noted, ruling out typical hypertrophic disease. No obvious congenital defects are visualized. What is concerning however, is the LA measures mildly enlarged, which may be reflect an underlying restrictive or unclassified pathology. Follow up is certainly advised in this young, predisposed cat. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.) and potentially masked by sedation.

Prognosis is open, pending results of serial studies.

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate, etc. should be avoided unless medically necessary. With mild



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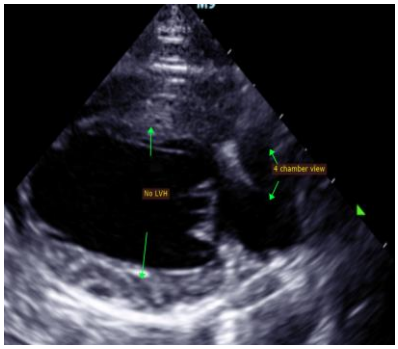
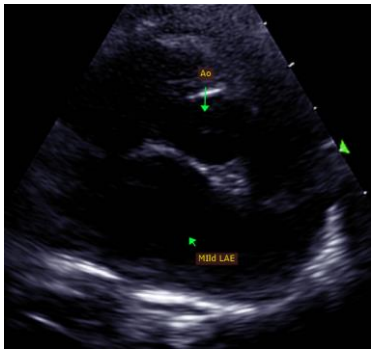
LA dilation there may be an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.

PLAN
- Recommend recheck echocardiogram in 1 year to reassess murmur origin and screen for progressive LA dilation.

IMAGES





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
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